UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK

APR 05 2022

Plaintiff,

APPLICATION FOR THE COURT TO REQUEST COUNSEL

-against-

2 CV 1159 (END) RML

	Defendant(s).		
 l.	Name of applicant Andrew Martin Smclair		
2.	Explain why you feel you need a lawyer in this case. (Use additional paper if necessary.)		
	I was fold I need a lawyer to Regresser		
	me		
3.	Explain what steps you have taken to find an attorney and with what results. (Use additional paper if necessary.)  That learched Many process  and got Order but Can't agrand to		
1.	If you need a lawyer who speaks in a language other than English, state what language you speak:		
	-th9434		
5.	I understand that if a lawyer volunteers to represent me and my lawyer learns that I can afford to pay		

- for a lawyer, the lawyer may give this information to the Court. I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.
- I understand that if my answers on my Request to Proceed In Forma Pauperis are false, my case may 6. be dismissed.

I declare under penalty of perjury that the forgoing is true and correct. 7.

Signature

rev. 7/08

EASTERN DISTRICT OF NEW YORK	N.
	REQUEST TO PROCEED
Plaintiff,	IN FORMA PAUPERIS IN SUPPORT OF THE APPLICATION FOR THE COURT TO REQUEST COUNSEL
-against-	CV( )
Defendant(s).	X
in the above-entitled case and I hereby request to prepay fees or costs or give security. I state that is said proceeding or give security therefor, and that	(print or type your name) am the plaintiff/defendant proceed <i>in forma pauperis</i> and without being required to because of my poverty I am unable to pay the costs of I believe I am entitled to redress.
1. If you are presently employed, give the nate earnings per month.  Currently the last the state of the stat	me and address of your employer and state the amount of  Employer Employer  was because of the
2. If you are not presently employed, state the month at that time. You must answer this	e date you were last employed and your earnings per s question even if you are incarcerated.
September 202	1 \$ 1000
3. Have you received, within the past twelve source and the amount of money you rece	
a) Are you receiving any public benefits?	△ No □ Yes, \$
b) Do you receive any income from any o	ther source? \( \sum \) No \( \sup \) Yes, \$

4.	Do you have any money, including money in a checking or savings account? If so, how much?		
	The way		
5.	Do you own any apartment, house or building, stocks, bonds, notes, automobiles or other valuable property? If the answer is yes, describe the property and state its approximate value.		
	□ No \(\text{Yes}, \\$ \frac{2000}{2000} \)		
6.	Do you pay for rent or for a mortgage? If so, how much each month?  □ No ▼Yes, \$ 650 MONTA		
7.	List the person(s) that you pay money to support and the amount you pay each month.  Layren Sin Cair # 167		
8.	State any special circumstances which the Court should consider.  INVESTED 91 I had IN My business  And now forced for Close of In The		
I understand that the Court may dismiss this case if I give a false answer to any question in this declaration.			
I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. <u>See</u> 42 U.S.C. § 406.			
I decl	are under penalty of perjury that the foregoing is true and correct.		
Dated	Octob Jora Signature		

EASTERN DISTRICT OF NEW YORK	
	X
Plaintiff,	
-against-	AFFIRMATION OF SERVICE
agamot	22 CV / 159 (END /2ML
Defendant(s).	
	- X
1, Andrew Sind	(print or type your name), declare under penalty of
perjury that I have served a copy of the attach	hed Application for the Court to Request Counsel upon the
defendant(s) or the attorney for defendant(s)	A = A = A = A = A = A = A = A = A = A =
	*
whose address is: 20 Box 350	1008, Jangica M 11435
by Lorsonal	
	nple - personal delivery, mail, overnight express, etc.)
f = f	
Dated: 04/05/2622 =	
	Signature  Box 35000
	Address
	Squaica MM
v .	11435
	City, State & Zip Code